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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*  
*NO*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 03078121.5 10/03/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/08/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature <i>[Initials]</i> Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
GERMANY	3	15	1

## ADDRESS

2292

## TITLE

Solid state brachytherapy applicator

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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